

INSTRUCTIONS FOR USE OF THE BREAST CANCER SCREENING REPORT (ACH-16)

The ACH-16 is used to request and document results of mammograms from the radiology provider. The mammogram narrative report should be kept with the completed ACH-16 and filed together in the medical record. The ACH-16 should be filled out on all women being referred for a mammogram regardless of income, age, or payer status.

TO BE COMPLETED BY LHD

1. Enter the name of the LHD requesting the mammogram or diagnostic breast ultrasound.
2. Attach a lab label in the place provided.
3. Complete items 1–5 with information from the current history.
4. Enter the results of the clinical breast examination in item 6.
5. Enter the type of mammogram requested, the visit date, and the signature and identification number of the clinical breast examination provider in item 7i.
6. Enter the name, address, and telephone number of the contracted surgeon who will be evaluating abnormal test results (or patient's PMD).

TO BE SIGNED BY THE PATIENT

1. Have the patient sign the referral section.
2. Retain the copy of the form in a tickler file at the LHD to track receipt of the mammogram results. The form should be sent to the radiology facility.
3. If desired by the patient, have a release of information (ROI) signed so a copy of the mammogram result can be sent to the patient's family physician.

TO BE COMPLETED BY MAMMOGRAPHY PROVIDER

1. Check the one type of mammogram performed in item 8. If a screening mammogram is requested in item 7, a screening mammogram should be performed. If the LHD requests a diagnostic mammogram in item 7, an initial diagnostic mammogram should be performed. When a screening mammogram has been requested and performed and the radiologist has determined the need for additional views, a second ACH-16 should be initiated and Follow-up Diagnostic checked in item 8.
2. The applicable BI-RAD category is checked by the radiologist in item 9. Include a description of any negative findings, the date of the mammogram, and the signature of the radiologist.
3. Enter the name and address of the agency storing the mammography films.
4. The mammography provider keeps a copy of the form.
5. A copy of the completed ACH-16 is returned to the LHD.

A LHD nurse shall note results and the patient shall be notified. A copy of the form shall be filed in the medical record with the narrative report attached to it

Kentucky Department for Public Health

Breast Cancer Screening Report

LOCAL HEALTH DEPT. _____



Lab Label from
Patient Services Reporting System

TO BE COMPLETED BY LOCAL HEALTH DEPARTMENT

1. Breast symptoms (self-identified) ☐ Yes ☐ No ☐ Unknown

2. Previous mammogram ☐ Yes ☐ No ☐ Unknown
If yes, Approximate Month/Year ____/____
Where _____

3. Previous breast biopsy ☐ Yes ☐ No ☐ Unknown
If yes, Approximate Month/Year ____/____

SITE: RIGHT  LEFT 

4. Patient had breast cancer ☐ Yes ☐ No ☐ Unknown
If yes, Approximate Month/Year ____/____

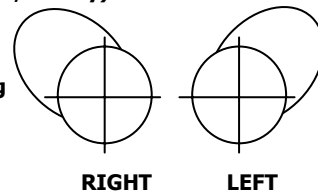
5. Sister/mother/daughter breast cancer age ≤50
☐ Yes ☐ No ☐ Unknown

7. Type of Mammogram Ordered ☐ Screening ☐ Initial Diagnostic ☐ Diagnostic

6. Clinical Breast Examination (CBE) Results

☐ Normal Exam/ Nodularity
☐ Fibrocystic Changes or Other Benign Findings
Explain: _____

☐ Discrete Lump or Mass **SITE:**
☐ Discharge (e.g. clear, serous, bloody)
☐ Nipple or Areolar Scaling
☐ Skin Dimpling, Retraction
☐ Focal, Immobile Thickening



(Findings in **BOLD** require diagnostic referral)

____/____/____
Visit Date

CBE Provider Signature

Provider ID

INFORMATION ON SURGEON FOR ANY NEEDED FOLLOW-UP (UNDER LHD CONTRACTUAL AGREEMENT) OR PMD

Name _____ Phone _____

Address _____ Zip _____

TO BE SIGNED BY PATIENT

I have been informed and understand that: I am being referred to _____
Radiology Service Provider
for a mammogram; the results of the x-ray will be reported to this health department; and depending on my income, I
may be responsible for paying a portion of the charge for the mammogram. _____
Patient Signature and Date

TO BE COMPLETED BY MAMMOGRAPHY PROVIDER

8. Type of Mammogram Performed

- ☐ Screening
☐ Initial Diagnostic
☐ Follow-up Diagnostic

9. Mammography Results: CIRCLE ONE.

American College of Radiology BI-RADS

0. Assessment incomplete **PRIOR FILM COMPARISONS REQUIRED? Y/N** ____
1. Negative
2. Benign finding
3. Probably benign
4. Suspicious abnormality
5. Highly suggestive of malignancy
6. Known Biopsy-Proven Malignancy

Describe abnormal findings and recommendations for follow-up care:

____/____/____
Date of Mammogram

Radiologist Signature

Name and address of agency storing mammography films:

